

RECEIVED

DEC 10 2018

**STATE OF SOUTH DAKOTA**  
**Statement of Legal Newspaper Ownership and Circulation** OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

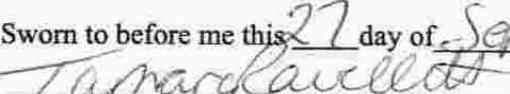
1. TITLE OF NEWSPAPER <b>Murdo Coyote</b>		2. DATE <b>09-27-2018</b>
3. FREQUENCY OF ISSUE <b>weekly</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE <b>\$ 39 in area/ \$44 out of area (tax included)</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>210 Main St./ PO Box 465 Murdo, Jones, SD 57559-0465</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)  <small>See back of this form.</small>		
6. FULL NAME OF PUBLISHER: <b>Donald Ravellette</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)  <small>FULL NAME</small> <b>Donald Ravellette</b> <small>COMPLETE MAILING ADDRESS</small>  <small>See back of this form.</small>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)  <b>NONE.</b>		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		<b>614</b>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.		<b>166</b>
2. Mail Subscription (Paid and or requested)		<b>350</b>
3. Paid Electronic Copies		<b>14</b>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		<b>530</b>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		<b>20</b>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<b>0</b>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<b>550</b>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		<b>56</b>
2. Return from News Agents		<b>8</b>
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		<b>614</b>
		<b>615</b>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
 I swear that the statements made by me are true, correct, and complete:

  
 (Signature)

**Business Manager**  
 (Title)

State of South Dakota )  
 County of Haakon )  
 (Seal)

Sworn to before me this 27 day of Sept, 20 18  
  
 Notary Public

My commission expires: 1-24-2020